Unc	der the Paperwor	k Reduction Act of ENT APPLIC	ATION	persons are requi	red to respond to RMINATION	a collection of inf	ormation unles	Applicat	tion of Docket Nu	mber
				te for Form PTC			•		10 790,	204
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY								OR		R THAN ENTITY
FOR		NUMBE	NUMBER FILED NUMBER			RATE	FEE		RATE	· FEE
BASIC FEE (37 CFR 1.16(a))							s	OR		s
	L CLAIMS FR 1.16(c))		minus 20 =			x s=		OR	x s =	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		ıs	minus 3 = ·			x s=		OR	x \$=	
MUL	TIPLE DEPENDE	NT CLAIM PRESEN	AIM PRESENT (37 CFR 1.16(d))			+ 5: =		OR	+ \$=	
· if th	ne difference in c	olumn 1 is less tha	ın zero, en	ter "0" in column 2	2.	TOTAL		OR	TOTAL	
	Cl	AIMS AS AME	ENDED	– PART II						
	(Column 1) (Column 2) (Column 3)					SMALL	NTITY	OR		R THAN ENTITY
4	7 25 05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE .	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total	·	Minus	·· 68	= /	x s 25 =		OR	x s 50 =	
	(37 CFR 1.16(c)) Independent	• 7	Minus	7	=	x s 100=		OR	x s 200	
AMENDMENT	(37 CFR 1.16(b))	ATION OF MULTIPLE	E DEBENDE	INT CLAIM 137 CF	R 1.16(d))	+ \$ 180=		OR	+.311	
_`1	PIRST PRESENT	ATION OF MOCTIFICA	L DET ETTO	(5.75)		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)					
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ä	Total (37 CFR 1.16(c))	·	Minus	••	=	x s 25 =		OR	x s <u>50</u> =	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	***	= .	x s 100=		OR	x s 200_	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 5 180=		OR	+ 360	
		•				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			1		·
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ä	Total (37 CFR 1.16(c))	•	Minus	••	=	x s 25 =		OR	x s <u>50</u> =	
AMENDMENT	Independent (37 CFR 1.16(b))	•	Minus	•••	=	x s_100_		OR	x s <u>200</u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s 180=		OR	<u> عملگ</u> و +	
	l					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: CommIssioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.